

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American College of Physician Services Inc PAC; aka ACP Services PAC

A.

Full Name (Last, First, Middle Initial)

Friends of John Barrow

Mailing Address PO Box 8166

City
SavannahState
GAZip Code
31412-8166Purpose of Disbursement
Contribution to federal candidatesCandidate Name
Rep. John BarrowCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 12

Transaction ID: D96520

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	1	0

Amount of Each Disbursement this Period

1000.00									
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B.

Full Name (Last, First, Middle Initial)

Mike Thompson for Congress

Mailing Address 5429 Madison Ave

City
SacramentoState
CAZip Code
95841-3111Purpose of Disbursement
Contribution to federal candidatesCandidate Name
Rep. Mike ThompsonCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: CA District: 01

Transaction ID: D96923

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	2		2	0	1	0

Amount of Each Disbursement this Period

1000.00									
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C.

Full Name (Last, First, Middle Initial)

Pallone for Congress

Mailing Address PO Box 3176

City
Long BranchState
NJZip Code
07740Purpose of Disbursement
Contribution to federal candidatesCandidate Name
Rep. Frank Pallone, Jr.Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2010
☐ Primary ☒ General
☐ Other (specify) ▼

State: NJ District: 06

Transaction ID: D96924

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	0		2	0	1	0

Amount of Each Disbursement this Period

1000.00									
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SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

6000.00